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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/531,203
	Filing Date	April 13, 2005
	First Named Inventor	Welming Duan
	Art Unit	2661
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	0064.0002US1
Total Number of Pages In This Submission		34

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Translation of Application
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Houston Eliseeva LLP		
Signature			
Printed name	Maria Eliseeva		
Date	September 28, 2005	Reg. No.	43,328

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Inna Golovach	Date	September 28, 2005

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10/03/2005 MKAYPAGH 00000212 10531203

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 10/531,203 Filing Date: April 13, 2005 First Named Inventor: Weiming Duan Examiner Name: 2661 Art Unit: Not Yet Assigned Attorney Docket No.: 0064.0002US1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER SEP 28 2005	
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502233 Deposit Account Name: Houston Eliseeva LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES									
Fee Description						Small Entity Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent claims						360	180		
Total Claims						Multiple Dependent Claims Fee (\$)	Fee Paid (\$)		
- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims						Fee (\$)	Fee Paid (\$)		
- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets						Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____									
4. OTHER FEE(S)									
Non-English Specification, \$.130 fee (no small entity discount)									
Other (e.g., late filing surcharge): declaration late filing fee								130.00	

SUBMITTED BY Signature: <i>Maria Eliseeva</i> Name (Print/Type): Maria Eliseeva		Registration No. 43.328 (Attorney/Agent)	12/19/2004 Telephone 781-863-9991 01 FC:16 Date September 28, 2005
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PAGE 2/33 * RCVD AT 9/28/2005 9:50:35 AM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-6/24 * DNIS:2738300 * CSID:17818639931 * DURATION (mm:ss):07:06

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